

a. Is this an original filing? Yes (X) No ()

b. If no: 1. State the amendment number 2. Date filed

3. Number of pages attached

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2014

OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Congrations IIC

	Martin's Point Gener	ations, LLC	
NAIC Group Code 0000 , (Current Period) , (Prio	NAIC Company Code 12545	Employer's ID I	Number <u>20-4505084</u>
Organized under the Laws of Maine	, State	e of Domicile or Port of Entry <u>N</u>	Maine
Country of Domicile US			
Licensed as business type:			
Life, Accident and Health [] Dental Service Corporation [] Health Maintenance Organization [X]	Property/Casualty [] Vision Service Corporation [HMO Federally Qualified? Yes (X) No ()		Hospital , Medical and Dental Service or Indemnity [] Other []
Incorporated/Organized January 11, 2006	Commenc	ed Business January 1, 2007	
Statutory Home Office 331 Veranda Street, Portland, Maine		Faure State Country and 7in Code)	
Main Administrative Office 331 Veranda Street, Portland, N	,	Fown, State, Country and Zip Code) and Zip Code)	
Mail Address PO Box 9746, Portland, Maine, US 04104-5040		. ,	, , , , ,
	(Street and Number or P.O. Box,	City or Town, State, Country and Zip Co	ode)
Primary Location of Books and Records 27 Northport Dr		ber, City or Town, State, Country and Z	ip Code)
<u>207-253-6224</u> (Area C	Code) (Telephone Number)	. ,	,
Internet Website Address www.martinspoint.org			
Statutory Statement Contact Charles Nicholas Hadiaris			207-253-6224
· · · · · · · · · · · · · · · · · · ·	(Name)		(Area Code) (Telephone Number) (Extension)
_ charles . hadiaris@martinspoint . org	(E-Mail Address)		207-253-6227 (Fax Number)
	OTHER OFFICE Jonathan Easton Harvey, MD (Chir Daniel Bruce Chojnowski (Vice Pre	ef Medical Officer)	
	DIRECTORS OR TRI Warren Deems Alpern, MI Robert Adair Moore, Vice Cha Edward Charles Dupont, Jr David Hermon Howes, MD, Marylou Buyse, M Raymond Eldon Durl Daniel Kent Onion, Ronald Fitzjohn Dixon James Alexander Hester, Michael Eric Thoma George Nelson Campbi	D, Chair# ir/Secetary# Treasurer President# D kee MD , MD Jr, PhD as	
State of Maine			
County of Cumberland SS			
The officers of this reporting entity, being duly sworn, each depose a the absolute property of the said reporting entity, free and clear frontained, annexed or referred to, is a full and true statement of a deductions therefrom for the period ended, and have been completed differ; or, (2) that state rules or regulations require differences in repscope of this attestation by the described officers also includes the reenclosed statement. The electronic filing may be requested by various	om any liens or claims thereon, except as herein stands and liabilities and of the condition and in accordance with the NAIC Annual Statement Instructing not related to accounting practices and procedulated corresponding electronic filing with the NAIC, we	ated, and that this statement, togethe affairs of the said reporting entity as of ctions and Accounting Practices and Pro res, according to the best of their inform hen required, that is an exact copy (exceed)	r with related exhibits, schedules and explanations therein f the reporting period stated above, and of its income and cedures manual except to the extent that: (1) state law may lation, knowledge and belief, respectively. Furthermore, the
David Hermon Howes, MD CEO	Dale Hansen Bradford Chief Business and Financial	Officer	

Subscribed and sworn to before me this day of

ASSETS

		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1 Bo	onds	19,842,924		19,842,924	
2. Sto		10,012,021		10,012,021	
	1 Preferred stocks				
	2 Common stocks				
	ortgage loans on real estate:	0,000,000		0,000,000	
	1 First liens				
	2 Other than first liens				
	eal estate:				
	1 Properties occupied by the company (less \$				
	Properties held for the production of income (less \$ encumbrances)				
	3 Properties held for sale (less \$				
	ash (\$ 14, 129,433) , cash equivalents (\$)				
an	nd short-term investments (\$				
	erivatives				
	ther invested assets				
	eceivables for securities				
	ecurities lending reinvested collateral assets				
•	ggregate write-ins for invested assets				
	ubtotals, cash and invested assets (Line 1 through Line 11)				
	tle plants less \$				
	vestment income due and accrued				
	remiums and considerations:				
	5.1 Uncollected premiums and agents' balances in the course of collection	349,995	67,116	282,879	208,695
15	5.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$				
15	5.3 Accrued retrospective premiums				
16. Re	einsurance:				
16	S.1 Amounts recoverable from reinsurers				
16	S.2 Funds held by or deposited with reinsured companies				
16	5.3 Other amounts receivable under reinsurance contracts				
17. An	mounts receivable relating to uninsured plans				
18.1 Cu	urrent federal and foreign income tax recoverable and interest thereon				
18.2 Ne	et deferred tax asset				
19. Gu	uaranty funds receivable or on deposit				
20. Ele	ectronic data processing equipment and software				
21. Fu	urniture and equipment, including health care delivery assets (\$)				
22. Ne	et adjustment in assets and liabilities due to foreign exchange rates				
23. Re	eceivables from parent, subsidiaries and affiliates				
24. He	ealth care (\$ 5,911,410) and other amounts receivable	10,710,861	4,719,451	5,991,410	3,867,290
25. Ag	ggregate write-ins for other-than-invested assets				
26. To	otal assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	76,452,734	4,786,567	71,666,167	40,646,065
27. Fr	rom Separate Accounts, Segregated Accounts and Protected Cell Accounts				
	otals (Line 26 and Line 27)				
1101	OF WRITE-INS				
1103					
	ımmary of remaining write-ins for Line 11 from overflow page tals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2503					
2598 . Sui 2599 . Tot	ımmary of remaining write-ins for Line 25 from overflow page tals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$reinsurance ceded)	23,784,394		23,784,394	20,029,104
2.	Accrued medical incentive pool and bonus amounts.				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$				·
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued.				
10.1	Current federal and foreign income tax payable and interest thereon (including \$	·			·
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$				
15.	Amounts due to parent, subsidiaries and affiliates.	37,078		37,078	391,418
16.	Derivatives				
17.	Payable for securities	20,786,822		20,786,822	
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$				
20.	Reinsurance in unauthorized and certified (\$) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$current)				
24.	Total liabilities (Line 1 to Line 23)	50,842,939		50,842,939	22,939,220
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock.	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus.	XXX	XXX	78,500,000	59,500,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	(57,676,772)	(41,793,155)
32.	Less treasury stock, at cost:				
	32.1	XXX	XXX		
	32.2shares preferred (value included in Line 27 \$	XXX	XXX		
33.	Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	20,823,228	17,706,845
34.	Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	71,666,167	40,646,065
DETAI	LS OF WRITE-INS				
2301. 2302.					
2303.					
	Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
2502.		XXX XXX	XXX		
	Summary of remaining write-ins for Line 25 from overflow page.	XXX	XXX		
2599.	Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	XXX	XXX		
		XXX	XXX		
3002. 3003.		X X X X X X	XXX		
3098. 3099.	Summary of remaining write-ins for Line 30 from overflow page. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	X X X X X X	X X X X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Y	ear to Date	Prior Year to Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months	XXX	267,008	206,036	279,620
2.	Net premium income (including \$non-health premium income)	XXX	170,096,183	127,969,375	170,967,988
3.	Change in unearned premium reserves and reserve for rate credits	XXX			
4.	Fee-for-service (net of \$medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues.	XXX			
8.	Total revenues (Line 2 to Line 7)	XXX	170,096,183	127,969,375	170,967,988
9.	and Medical: Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
	Emergency room and out-of-area				
13.	Prescription drugs		26,613,466	18,776,775	24,502,603
14.	Aggregate write-ins for other hospital and medical				
	Incentive pool, withhold adjustments and bonus amounts			·	
16.	Subtotal (Line 9 to Line 15)		164,904,074	119,904,495	161,882,260
Less: 17.	Net reinsurance recoveries				
18.	Total hospital and medical (Line 16 minus Line 17)		164,904,074	119,904,495	161,882,260
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ 1,552,253 cost containment expenses		2,846,670	2,303,067	3,259,324
21.	General administrative expenses		13,390,638	11,765,550	16,583,486
22.	Increase in reserves for life and accident and health contracts (including \$ increase in		2 500 000		
	reserves for life only) Total underwriting deductions (Line 18 through Line 22)		1	133,973,112	
	Net underwriting gain or (loss) (Line 8 minus Line 23)		(13,625,999)		
	Net investment income earned			23,770	
	Net realized capital gains (losses) less capital gains tax of \$,	
	Net investment gains (losses) (Line 25 plus Line 26)				
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)			20,110	
	(amount charged off \$)]				
29.	Aggregate write-ins for other income or expenses				
	Net income or (loss) after capital gains tax and before all other federal income taxes. (Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX	(13,576,848)	(5,979,967)	(10,729,507)
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Line 30 minus Line 31)	XXX		(5,979,967)	
0601.		XXX			
0602. 0603.		X X X X X X			
0698. 0699.		X X X X X X			
0701.		XXX			
0702. 0703.		XXX XXX XXX			
0798. 0799.	Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	XXX			
1401. 1402.					
1402. 1403. 1498.					
1499.					
2901. 2902.					
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)		<u> </u>		

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT 33. Capital and surplus prior reporting year	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year	17,706,845		Booting of 01
		13,896,217	13,896,217
34. Net income or (loss) from Line 32	(13,576,848)	(5,979,967)	(10,729,507)
35. Change in valuation basis of aggregate policy and claims reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(369,066)		
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets.	(1,937,703)	(762,200)	(1,459,865)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in	19,000,000	8,500,000	16,000,000
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Tranferred from capital			
46. Dividends to stockholders.			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Line 34 to Line 47)	3,116,383	1,757,833	3,810,628
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	20,823,228	15,654,050	17,706,845
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.			
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

CASH FLOW

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance			
2. 3.	Net investment income Miscellaneous income			
4.	Total (Line 1 through Line 3)	168,503,022	127,226,183	170,251,281
5.	Benefit and loss related payments			
6.	Net transfers to Separate Áccounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions			19,519,005
8. 9.	Dividends paid to policyholders			
10.	Total (Line 5 through Line 9)	179,819,803	130,354,363	
11.	Net cash from operations (Line 4 minus Line 10)	(11,316,781)	(3,128,180)	(6,659,874)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.3 Mortgage loans			
	10 = 011 1 1 1			
	12.8 Total investment proceeds (Line 12.1 through Line 12.7)			
13.	Cost of investments acquired (long-term only): 13.1 Bonds			
	13.2 Stocks			
	13.4 Real estate			
	13.5 Other invested assets 13.6 Miscellaneous applications			
	<u></u>			
	13.7 Total investments acquired (Line 13.1 through Line 13.6)			
14.	Net increase or (decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(8,521,001)		
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied): 16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock 16.3 Borrowed funds	, ,	8,500,000	16,000,000
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders 16.6 Other cash provided (applied)	720,823	983,558	295,401
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	19,720,823	9,483,558	
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(116,959)	6,355,378	9,635,527
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year 19.2 End of period (Line 18 plus Line 19.1)	11/1_1/11		
_	e: Supplemental disclosures of cash flow information for non-cash transactions: 0001			
	0002 0003			
20.	0004 0005			
20.	0006 0007			
20.	0008			
	0009 0010			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (H	ospital and Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	24,770							24,770		
2. First Quarter	29,087							29,087		
3. Second Quarter	29,884							29,884		
4. Third Quarter	30,815							30,815		
5. Current Year.										
6. Current Year Member Months	267,008							267,008		
Total Member Ambulatory Encounters for Period:										
7. Physician	347,010							347,010		
8. Non-Physician	97,530							97,530		
9. Total	444,540							444,540		
10. Hospital Patient Days Incurred	15,154							15, 154		
11. Number of Inpatient Admissions	3,292							3,292		
12. Health Premiums Written (a)	170,096,183							170,096,183		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	170,096,183							170,096,183		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	160,836,217							160,836,217		
18. Amount Incurred for Provision of Health Care Services	164.904.074							164,904,074		

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 170,096,183

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE Martin's Point Generations, LLC

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered	1,992,909					1,992,909
0499999 - Subtotals	1,992,909					
0599999 - Unreported claims and other claim reserves						21,791,485
0799999 - Total claims unpaid						23,784,394
0899999 - Accrued medical incentive pool and bonus amounts						923,791

UNDERWRITING AND INVESTMENT EXHIBIT

⁽a) Excludes \$loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

- 1. Summary of Significant Accounting Policies
 - A. Accounting Practices: No change
 - B. Use of Estimates in the Preparation of the Financial Statements: No change
 - C. Accounting Policies:

In 2014 the Company invested in mutual funds and bonds.

- Short-term money martket mutual funds are stated at market value and short-term bonds are stated at amortized cost.
- (2) Bonds are stated at amortized cost.
- (3) Common stocks are stated at market value.

Starting in 2014

- (10) The Company has included a Premium Deficiency Reserve.
- 2. Accounting Changes and Corrections of Errors: No changes or corrections
- 3. Business Combinations and Goodwill: Not applicable
- 4. Discontinued Operations: Not applicable
- 5. Investments: No change
- 6. Joint Ventures, Partnerships and Limited Liability Companies: Not applicable
- 7. Investment Income: No change
- 8. Derivative Instruments: Not applicable
- 9. Income Taxes: Not applicable
- 10. Information Concerning Parent, Subsidiaries and Affiliates: No change
- 11. Debt: Not applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans: No change
- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations: Not applicable
- 14. Contingencies: No change
- **15.** Leases: Not applicable
- 16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk: No change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

NOTES TO FINANCIAL STATEMENTS

- A. Transfers of receivables reported as Sales: Not Applicable
- B. Transfer and Servicing of Financial Assets: Not applicable
- C. Wash Sales: The Company had no Wash Sales during the period.
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: Not applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: Not applicable

20. Fair Value Measurements A. (1)

N. (1)				
	Fair Value Measurements at Reporting Da	ite		
1	2	3	4	5
Description	(Level 1)	(Level 2)	(Level 3)	Total
Assets at fair value				
Bonds U. S. Governments Industrial and Misc Special Rev. / Assess. Oblig. All Other Governments Parent, Subsidiaries and Affiliates Total Bonds	11,062,052 5,822,378 2,345,332 609,270			11,062,052 5,822,378 2,345,332
Common Stock Industrial and Misc Parent, Subsidiaries and Affiliates Total Common Stock	9,095,833			9,095,833
20A1A99 - Assets at fair value				28,934,865
Liabilities at fair value Liabilities at fair value Derivative Liabilities 20A1899 - Liabilities at fair value				

- 21. Other Items: No change
- 22. Events Subsequent: There were no events occuring subsequent to September 30, 2014 requiring disclosure.
- 23. Reinsurance: No change
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination: Not applicable
- 25. Change in Incurred Claims and Claim Adjustment Expenses:

Reserves as of December 31, 2013 were \$20,690,152. As of September 30, 2014 \$15,199,813 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$24,995 as a result of re-estimation of unpaid claims and claims adjustment expenses. Therefore, there has been a \$5,465,344 favorable prior-year development since December 31, 2013 to September 30, 2014. The decrease is generally a result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

NOTES TO FINANCIAL STATEMENTS

26. Intercompany Pooling arrangements: Not Applicable

27. Structured Settlements: Not applicable

28. Health Care Receivables: No change

29. Participating Policies: Not applicable

30. Premium Deficiency Reserves:

Liability carried for premium deficiency reserves
 Date of the most recent evaluation of this liability

\$2,580,800 September 30, 2014

3. Was anticipated investment income utilized in the calculation?

No

31. Anticipated Salvage and Subrogation: No change

GENERAL INTERROGATORIES PART 1 - COMMON INTERROGATORIES

			GENERAL						
1.1	Did the reporting entity experience any material Model Act?	transactions requiring the filing of Disclosure of	Material Transactions with the State	of Domicile, a	as required by the	Yes () No (X	١		
1.2									
2.1									
2.2	entity?								
3.1									
	If yes, complete Schedule Y, Parts 1 and 1A.		_						
3.2	Have there been any substantial changes in the		?			Yes () No (X)		
3.3	If the response to 3.2 is yes, provide a brief des	cription of those changes.							
4.1	Has the reporting entity been a party to a merger	r or consolidation during the period covered by t	this statement?			Yes () No (X)		
4.2	If the response to 4.1 is yes, provide the name of to exist as a result of the merger or consolidation	of entity, NAIC Company Code, and state of do	omicile (use two letter state abbrevia	tion) for any e	ntity that has ceased				
	1 Name of Enti	ty	2 NAIC Company Code		3 State of D	omicile			
5.	If the reporting entity is subject to a managemen have there been any significant changes regarding			ttorney-in-fact	, or similar agreement,	Yes () No () N	I/A ()		
6.1	State as of what date the latest financial examina	ation of the reporting entity was made or is bein	g made.			12/31/2011			
6.2	State the as of date that the latest financial exan This date should be the date of the examined ba			ntity.		12/31/2011			
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).									
6.4	By what department or departments?								
	State of Maine, Bureau of Insurance								
6.5	Have all financial statement adjustments within th with Departments?	e latest financial examination report been accou	unted for in a subsequent financial st	atement filed		Yes () No () N	I/A ()		
6.6	6.6 Have all of the recommendations within the latest financial examination report been complied with?								
7.1	7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?								
7.2	If yes, give full information								
8.1	Is the company a subsidiary of a bank holding con	npany regulated by the Federal Reserve Board?	?			Yes () No (X)		
8.2	If response to 8.1 is yes, please identify the name	e of the bank holding company.							
8.3	Is the company affiliated with one or more banks,	thrifts or securities firms?				Yes () No (X)		
8.4	If response to 8.3 is yes, please provide below th [i.e. the Federal Reserve Board (FRB), the Offic Commission (SEC)] and identify the affiliate's principle of the second secon	ce of the Comptroller of the Currency (OCC), t	n office) of any affiliates regulated b he Federal Deposit Insurance Corpo	y a federal reg ration (FDIC)	ulatory services agency and the Securities Exchai	nge			
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC			
9.1	(b) Full, fair, accurate, timely and understand (c) Compliance with applicable governmental I	ethical handling of actual or apparent conflicts of lable disclosure in the periodic reports required	of interest between personal and proto to be filed by the reporting entity;	erforming fessional relation	onships;	Yes (X) No ()	_		
9.11	If the response to 9.1 is No, please explain:								
9.2	Has the code of ethics for senior managers been	amended?				Yes () No (X)			
9.21	If the response to 9.2 is Yes, provide information	n related to amendment(s).							
9.3	Have any provisions of the code of ethics been w	vaived for any of the specified officers?				Yes () No (X)			
9.31	If the response to 9.3 is Yes, provide the nature	of any waiver (s) .							

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

		FANI	1 - CON		NIEKK	OGATORIES	
				FINAN	ICIAL		
10.1	Does the reporting entity report any amount	ounts due from parent, sub	sidiaries or affiliates o	n Page 2 of this sta	atement?		Yes () No (X)
10.2	If yes, indicate the amounts receivable	\$					
				INVEST	MENT		
11.1	Were any of the stocks, bonds, or othe (Exclude securities under securities len		tity loaned, placed und	der option agreem	ent, or otherwise ma	ade available for use by another perso	on? Yes () No (X)
11.2	If yes, give full and complete informatio						
12.	Amount of real estate and mortgages he	eld in other invested assets	in Schedule BA:				\$
13.	Amount of real estate and mortgages he	eld in short-term investment	s:				\$
14.1	Does the reporting entity have any investigation	stments in parent, subsidiar	ies and affiliates?				Yes () No (X)
14.2	If yes, please complete the following:					4	2
						Prior Year-End Book/ Adjusted Carrying Value	Current Quarter Book/ Adjusted Carrying Value
	14.21 Bonds					\$ \$	\$
	14.23 Common Stock					\$	\$ \$
	14.25 Mortgage Loans or Real Esta	te				\$ \$	\$ \$
	14.26 All Other	Subsidiaries and Affiliates (S	Subtotal Line 14.21 to	Line 14.26)		\$ \$	\$ \$
	14.28 Total Investment in Parent in					\$	\$
	as the reporting entity entered into any he			1			Yes () No (X)
	yes, has a comprehensive description of		made avaliable to the	domiciliary state?			Yes () No ()
	no, attach a description with this stateme						
16.	For the reporting entity's security lendin 16.1 Total fair value of reinvested coll				t date:		\$
	16.2 Total book adusted/carrying valu				and 2		\$
	, -		•	edule DL, Parts 1	allu Z		\$
	16.3 Total payable for securities lending	• .				.C	•
sa or	cluding items in Schedule E - Part 3 - Sp fety deposit boxes, were all stocks, bond trust company in accordance with Sectio the NAIC Financial Condition Examiners	ds and other securities, ow n 1, III - General Examinati	ned throughout the cui	rrent year held pur	suant to a custodial	agreement with a qualified bank	Yes (X) No ()
17.1	For all agreements that comply with the	requirements of the NAIC F	Financial Condition Exa	aminers Handbook	, complete the follo	wing:	
	1 Name of Custodi	an(s)				2 Custodian Address	
JBS Fina	ncial Services Inc		1 City Cen	iter. 7th Floor. PC	Box 7350 Portland	MF 04112-7350	
ΓD Bank	, N.A		TDWealth	, Institutional Trus	t, 1006 Astoria Boul	levard, Cherry Hill, NJ 08034	
	For all agreements that do not comply w						
	1 Name(s)		Location(s)	2 .ocation(s) Complete Expla			
17.3 Ha	ave there been any changes, including na	ame changes, in the custod	ian(s) identified in 17.	.1 during the curre	nt quarter?		Yes (X) No ()
	If yes, give full and complete informatio	•	()	J	'		.,,,,
	1 Old Custodian	2 New Cust	odian	3 Date of Change		4 Reason	
		TD Private Client Wealth I	IC	09/19/2014	New custodial acco	unt opened	
17.5	Identify all investment advisors, broker investments on behalf of the reporting e	dealers or individuals acting					
	1 Central Registration			2			3
	Depository		N	ame(s)		Ad	dress
	84518						re, Portland, ME 04101
			D Asset Mgt is the mo	ar acting on behalf	Brok TD Can	ada Trust Tower, 161 Bay Street, 35	th floor, Toronto, Ontario M5K2T2
·			· ·		•	rshing Plaza, Jersey City, NJ 07399	
18.1	Have all the filing requirements of the Pur	poses and Procedures Man	ual of the NAIC Secur	ities Valuation Offi	ce been followed?		Yes (X) No ()

18.2 If no, list exceptions:

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE Martin's Point Generations, LLC

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

1.	Operati	ing Percentages:	
	1.1	A&H loss percent	97.0 %
	1.2	A&H cost containment percent	0.9 %
	1.3	A&H expense percent excluding cost containment expenses	8.6 %
2.1	Do you	act as a custodian for health savings accounts?	Yes () No (X)
2.2	If yes,	please provide the amount of custodial funds held as of the reporting date.	\$
2.3	Do you	act as an administrator for health savings accounts?	Yes () No (X)
2.4	If yes,	please provide the balance of the funds administered as of the reporting date.	\$

Page 13 Schedule S - Ceded Reinsurance NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	,	'	Direct Business Only Year to Date											
	States, Etc.	Active Status	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts				
1. 2.	Alabama AL Alaska AK	N												
3.	Arizona AZ	N												
4.	Arkansas	N												
5.	CaliforniaCA	N												
6.	Colorado	N												
7. 8.	Connecticut. CT Delaware DE	N												
9.	District of Columbia	N N												
10.	Florida	N												
11.	Georgia GA	N												
12.	Hawaii	N												
13. 14.	ID Illinois IL	N N												
15.	Indiana. IN	N												
16.	lowaIA	N												
17.	Kansas KS	N												
18. 19.	Kentucky KY Louisiana LA	N												
20.	Maine ME	IN							. 166,383,364					
21.	Maryland MD	N												
22.	Massachusetts MA	N												
23.	Michigan MI	N												
24. 25.	Minnesota	N												
26.	Missouri MO	N												
27.	Montana MT	N												
28.	NebraskaNE	N												
29.	Nevada	N							0.740.040					
30. 31.	New Hampshire	L N		3,712,819					3,712,819					
32.	New Mexico NM	N												
33.	New York NY	N												
34.	North Carolina NC	N												
35.	North Dakota	N												
36. 37.	Ohio OH Oklahoma OK	N N												
38.	Oregon OR	N												
39.	Pennsylvania PA	N												
40.	Rhode Island	N												
41. 42.	South Carolina SC South Dakota SD	N N												
43.	South Dakota SD Tennessee TN	N												
44.	Texas TX	N												
	Utah UT	N												
46.	Vermont VT	N												
47. 48.	Virginia VA Washington WA	N												
49.	West Virginia WV	N												
50.	Wisconsin	N												
51.	WyomingWY	N												
52. 53.	American Samoa AS Guam GU	N												
54.	Puerto Rico. PR	N												
	U.S. Virgin Islands VI	N												
56.	Northern Mariana Islands MP	N												
	Canada CAN Aggregate Other Alien OT	N X X X												
59.	Subtotal	XXX		. 170,096,183					. 170,096,183					
	Reporting entity contributions for													
04	Employee Benefit Plans	XXX		470 000 400	l				470 000 400					
01.	Total (Direct Business)	(a) 2		. 170,096,183					. 170,096,183					
)ETA!	LS OF WRITE-INS													
8001.														
8002.														
8003. 8998	Summary of remaining write-ins for Line 58 from overflow page													
0000.	Total (Line 58001 through Line 58003 plus Line 58998)													
3999.			i .	i .	I	į.	I	I	i .	İ				
1999.	(Line 58 above)													

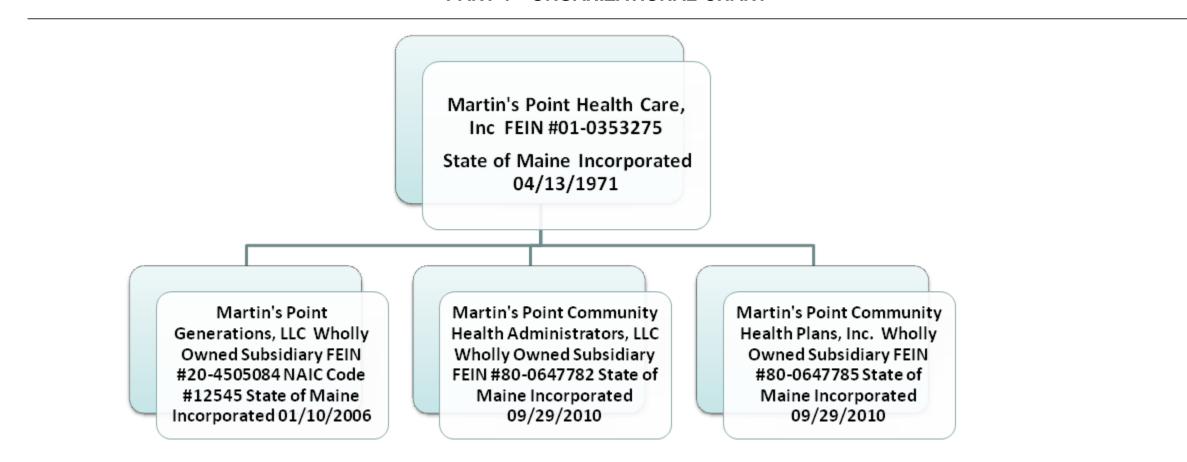
Active Status Codes (Column 1):

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG
(R) Registered - Non-domiciled RRGs
(Q) Qualified - Qualified or Accredited Reinsurer
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state
(N) None of the above - Not allowed to write business in the state

(a) Insert the number of "L" responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



5

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	(Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity (ies) / Person(s)	*
			01-0353275				Martin's Point Health Care, Inc.	MF	UDP	Martin's Point Health Care, Inc.	Board of Directors	100 000	Martin's Point Health Care, Inc	
			80-0647782				Martin's Point Community Health Admin., LLC	ME			Board of Directors		Martin's Point Health Care, Inc.	
			80-0647785				Martin's Point Community Health Plans, Inc.	ME			Board of Directors			
		12545	20-4505084				Martin's Point Generations, LLC	ME	RE	Martin's Point Health Care, Inc.	Board of Directors	100.000	Martin's Point Health Care, Inc	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

EXPLANATIONS:

BAR CODE:

Document Identifier 365:



SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 2. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after ac 3. Current year change in encumbrances 4. Total gain (loss) on disposals 6. Total foreign exchange change in book/ac 7. Deduct current year's other-than-temporal 8. Deduct current year's other-than-temporal 9. Book/adjusted carrying value at end of cu. on period (Line 5 plus Line 6 minus Line 7 minus Line 8) 10. Deduct total nonadmitted amounts 11. Statement value at end of current period (Line 9 minus Line 10)		
11. Statement value at end of current period (Line 3 fillings Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2 Prior Year Ended
		Year To Date	December 31
4	Deals value (recorded investment evalualis)		
۱. ၁	Book value/recorded investment excludine Cost of acquired:		
۷.	2.1. Actual cost at time of acquisition .		
	2.2. Additional investment made after a		
2	Capitalized deferred interest and other		
J.	Accrual of discount		
4. 5	Unrealized valuation increase (decrease)		
5. 6	Total gain (loss) on disposals		
7	Deduct amounts received on disposals		
γ.	Deduct amounts received on disposals 1. Deduct amortization of premium and morti		
۵.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus		
11.	Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12	Total Valuation Allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		
.0.	Stationary value at one of serious period (Line 10 million Line 17)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year To Date	2 Prior Year Ended December 31
1. 2.	Book/adjusted carrying value, December Cost of acquired: 2.1. Actual cost at time of acquisition		
	2.2. Additional investment made after a		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
1.	Deduct amounts received on disposals Deduct amortization of premium and depreciation		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus		
40	Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1	Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2.	Cost of bonds and stocks acquired Accrual of discount		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	[(265,539)]	
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book / adjusted carrying value Deduct current year's other-than-temporary impairment recognized		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus		
	Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)		
	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	28,938,757	

SIC

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjust Carrying Val December 3 Prior Year
ONDS								
NAIC 1 (a)	611,382		1	(835)		611,382	42,166,612	611
NAIC 3 (a) NAIC 4 (a)								
NAIC 5 (a)								
Total Bonds	611,382	41,666,065	110,000	(835)	610,375	611,382	42,166,612	61
REFERRED STOCK								
NAIC 1 NAIC 2. NAIC 3.								
NAIC 4. NAIC 5. NAIC 6.								
Total Preferred Stock								
Total Bonds and Preferred Stock.	611,382	41,666,065	110,000	(835)	610,375	611,382	42,166,612	61

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	22,323,688	XXX	22,323,580		3,348

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value, December 31 of prior year	611,143	610,575
2. Cost of short-term investments acquired	22,323,145	609,507
3. Accrual of discount	296	562
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		499
6. Deduct consideration received on disposals	610,897	610,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)	22,323,687	611,143
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	22,323,687	611,143

Page SI04Schedule DB, Part A, Verification **NONE**

Schedule DB, Part B, Verification NONE

Page SI05

Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open NONE

Page SI06

Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open NONÉ

Page SI07

Schedule DB, Verification

NONE

Page SI08

Schedule E, Verification (Cash Equivalents) **NONE**

Page E01

Sch. A, Pt. 2, Real Estate Acquired NONE

Sch. A, Pt. 3, Real Estate Disposed **NONE**

Page E02

Schedule B, Part 2, Mortgage Loans Acquired NONE

Schedule B, Part 3, Mortgage Loans Disposed **NONE**

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2	Locatio	on	5	6	7	8	9	10	11	12	13
		3	4			Date	Туре	Actual Cost	Additional Investment	Amount	Commitment for	Percentage
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Designation	Originally Acquired	and Strategy	at Time of Acquisition	Made After Acquisition	of Encumbrances	Additional Investment	of Ownership

NONE

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2			5	6	7	8 Change in Book/Adjusted Carrying Value						15	16	17	18	19	20	
		Locat	ion				Book/Adjusted 9 10 11 12 13 14 Total Book/A					Book/Adjusted							
		3	4	Name of Purchaser	Date		Carrying Value Less	Unrealized Valuation	(Depreciation)	Other-Than- Temporary	Capitalized Deferred	Total Change in	Foreign Exchange	Carrying Value Less		Foreign Exchange	Realized	Total	
CUSIP Identification	Name or Description	City	State	or	Originally Acquired	Disposal Date		Increase (Decrease)	(Amortization) / Accretion	Impairment Recognized	Interest and Other	B./A.C.V. (9+10-11+12)	Change in	Encumbrances	Consideration	Gain (Loss) on Disposal	Gain (Loss) on Disposal	Gain (Loss) on Disposal	Investment Income

NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1				T	1 1	ı			1
1	2	3	4	5	6	7	8	9	10
								D.117. A	NAIGE : "
CHOID			D-4-		North an of Observa			Paid for Accrued	NAIC Designation
CUSIP	B	F	Date	No (No Iv.	Number of Shares	A - (- 1 O (D. W.L.	Interest and	or Market
Identification	Description	Foreign	Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - U.S. Gove									
	US TREASURY N/B		09/30/2014				3,145,000.00	41,663	1
	US TREASURY N/B		09/30/2014	TD Asset Management		3,040,862	2,965,000.00		1
	US TREASURY N/B		09/30/2014	TD Asset Management		2,331,731	2,315,000.00	9,814	1
				TD Asset Management				2,762	1
599999 - Subtotal	- Bonds - U.S. Governments					11,063,406	10,790,000.00	59,982	
Bonds - All Other G	Sovernments								
83234-DP-0	ONTARIO (PROVINCE OF)	1	09/30/2014	TD Asset Management		609,984			1FE
ე99999 - Subtotal	- Bonds - All Other Governments					609,984	600,000.00	320	
onds - U.S. Spec	cial Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities	of Governme	nts and Thei	r Political Subdivisions					
134A4-VG-6	FREDDIE MAC		09/30/2014	TD Asset Management		1,734,711	1,650,000.00	29,608	1
135G0-BA-0	FANNIE MAE		09/30/2014	TD Asset Management		612.505	595.000.00		1
199999 - Subtotal	- Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agen	cies and Auth	horities of Go	overnments and Their Political Subdivisions		2,347,216	2,245,000.00	36,360	
onde - Industrial s	and Miscellaneous (Unaffiliated)								
0206R-BC-5	AT&T INC		09/30/2014	TD Asset Management		433 668	430.000.00	917	1FF
	BHP BILLITON FIN USA LTD			TD Asset Management		217 844	215,000.00		1FF
	BRANCH BANKING & TRUST			TD Asset Management		646 323	640,000.00		
	COCA-COLA CO/THE			TD Asset Management		439 391	430,000.00		1FE
	COMCAST CORP			TD Asset Management		413 563	385,000.00		
	HOME DEPOT INC			TD Asset Management		410 757	385,000.00		1FE
	JPMORGAN CHASE & CO			TD Asset Management		644 355	645,000.00		
	ROYAL BANK OF CANADA			TD Asset Management		646.116	645,000.00		1FE
	US BANK NA CINCINNATI			TD Asset Management		474,967	475,000.00		1FE
31142-CX-9	WAL-MART STORES INC		09/30/2014	TD Asset Management		217,520	215,000.00	1,415	1FE
31142-DC-4	WAL-MART STORES INC		09/30/2014	TD Asset Management		439.918	425,000.00	5,553	1FE
	WELLS FARGO & COMPANY		09/30/2014	TD Asset Management		837,896	810,000.00	6,379	1FE
899999 - Subtotal	- Bonds - Industrial and Miscellaneous (Unaffiliated)					5,822,318	5,700,000.00	20,771	
399997 - Subtotal	- Bonds - Part 3					19,842,924	19,335,000.00	117,433	
399999 - Subtotal	- Bonds					19,842,924	19,335,000.00	117,433	
ommon Stocks - I	Mutual Funds								
	VANGUARD TOT INT ST IDX-ADM		09/23/2014	Unknown	97, 229, 170	2,814,218			I
22042-84-1 '	VANGUARD FM MKT STK INDX-ADM		09/23/2014	Unknown	37,501,666	1,413,733			
22908-80-1 '	VANGUARD TOT STK MKT IND-INS		09/23/2014	Unknown	99 680 156				
	- Common Stocks - Mutual Funds								
ommon Stocks - I	Money Market Mutual Funds								
0262H-16-3	UBS SELECT PRIME CAPITAL		09/02/2014	Direct	110 000 630				I
	- Common Stocks - Money Market Mutual Funds								
799997 - Subtotal	- Common Stocks - Part 3					9,360,475			
799999 - Subtotal	- Common Stocks					9,360,475			
000000 0	Professed and Common Stocks					0.000.475			
399999 - Sudtotal a) For all commo	- Preferred and Common Stocks					9,360,4/5			

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)

9999999 - TOTALS 29,203,399 117,433

П

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value 11 12 13 14 15			16	17	18	19	20	21	22		
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)		Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	Designation or Market Indicator (a)

Page E06Schedule DB, Part A, Section 1 NONE

Description of Hedged Risk (s) NONE

Financial or Economic Impact of the Hedge NONE

Page E07

Schedule DB, Part B, Section 1 NONE

Schedule DB, Part B, Section 1, Broker Name NONE

Schedule DB, Part B, Description of Hedged Risk (s) NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge **NONE**

Page E08 Schedule DB, Part D, Section 1 NONE

Page E09

Schedule DB, Part D, Section 2, By Reporting Entity **NONE**

Schedule DB, Part D, Section 2, To Reporting Entity **NONE**

Page E10

Schedule DL, Part 1

Page E11

Schedule DL, Part 2 NONE

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE Martin's Point Generations, LLC

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

	2	3	4 Amount of Interest	5 Amount of Interest Accrued	Book Balance at End of Each Month During Current Quarter				
					6	7	8		
Name	Location and Supplemental Information	Code	Rate of Interest	Received During Current Quarter	at Current Statement Date	First Month	Second Month	Third Month	
Open Depositories TD Bank	Portland, ME URS Financial Services Portland MF		0.001	5,318		38,076,512	30,844,981	14,129,433	
)199999 - TOTAL - Open Depositories	. UBS Financial Services, Portland, ME			5,318		38, 186, 512	30,844,981	14,129,433	
)399999 - TOTAL Cash on Deposit				5,318		38,186,512	30,844,981	14,129,433	
0599999 - TOTALS				5,318		38, 186, 512	30,844,981	14, 129, 433	

Page E13 Schedule E, Part 2, Cash Equivalents NONE